MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10159

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galena X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galena X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WILLIAM H. BOYD

4. DATE OF DEATH: (Month) (Day) (Year) Oct 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 22 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building Construction
11. BIRTHPLACE (State or foreign country): Galena Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Boyd
14. MOTHER'S MAIDEN NAME: Lizzie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 218-05-8213A
17. INFORMANT & ADDRESS: Grace Boyd Galena Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Cancer of lung — Interval Between Onset And Death 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to Oct 7, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Harvey L. Koch (Degree or title) M.D. ADDRESS 106 S. Broad St. DATE SIGNED 10/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 11 1953
NAME OF CEMETERY OR CREMATORY Galena Cem.
LOCATION (City, town, or county) Galena Md. (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 11, 1953
REGISTRAR'S SIGNATURE Elizabeth J. Mulford
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10160

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) BRAMBLE

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 13, 1858

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Del. 07

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bramble

14. MOTHER'S MAIDEN NAME: Sarah Crossley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Elsie Campbell. Galena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Stroke	20 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Arteriosclerotic Heart Disease	over 4 yrs
DUE TO	(c) generalized Arteriosclerosis.	unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 17, 19 53, to Oct. 31, 19 53, that I last saw the deceased alive on Oct. 30, 19 53, and that death occurred at 11 am., from the causes and on the date stated above.

SIGNATURE W. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED Nov 2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 3, 1953 — NAME OF CEMETERY OR CREMATORY Galena Cemetery — LOCATION (City, town, or county) (State) Galena Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov 2, 1953 — REGISTRAR'S SIGNATURE Elizabeth J Mumford

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

VS. Ap

RECEIVED
NOV 5 1953
BUREAU V. S.

10161

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown 51
LENGTH OF STAY (in this place): just brought here
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Qu. Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown (Rural)
STREET ADDRESS (If rural, give location): 17X-21

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) LAWRENCE (Last) BROWN
4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. (SINGLE), MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug. 14-1952
9. AGE last birthday: 1 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Edward Brown
14. MOTHER'S MAIDEN NAME: Evelyn Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: James Edward Brown, Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

057.1 Immediate cause (a) unknown. Child was apparently well yesterday, had not been under care of a physician. About 3:00 am, 10-29-53 he began ~~[illegible]~~ to whine & to be restless. Began vomiting about 7:00 am. About 7:30 am was noted that he was very limp, though respirations were still present. About 9:00 left for my office, but deceased was dead on arrival. History is suggestive of meningococcus septicemia with adrenal hemorrhage

Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1953, to 10-29, 1953 that I last saw the deceased alive on 10-29, 1953 and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE: R. Scott Harr — (Degree or title): M.D. — ADDRESS: Chestertown, Md — DATE SIGNED: 10-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 10/30/53 — NAME OF CEMETERY OR CREMATORY: Rich Neck — LOCATION (City, town, or county): Rural Church Hill (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 30-1953 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 2 1953
BUREAU V. S.

10162

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

for Medical Examiners

Reg. Dist. No. 200

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galena X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Galena X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galena X
STREET ADDRESS (If rural, give location): Galena

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) James (Last) Burns
4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 1 1884
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Man
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Galena Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Burns
14. MOTHER'S MAIDEN NAME: Margaret Mullin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-30-9880
17. INFORMANT AND ADDRESS: Margaret Burns. 1307 Longwood St. Baltimore 12 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Probable coronary thrombosis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) While in apparent health, fell over dead while walking to the grocery store.
(c)

INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from~~ took charge of the remains described above, held an inspection thereon & from the evidence obtained find ~~to~~ ~~19~~ ~~19~~, that ~~I last saw the~~ said deceased ~~alive~~ died on the day stated above & that death in my opinion resulted from natural causes ~~on~~ ~~19~~ ~~and that death occurred at~~ ~~m., from the causes and on the date stated above.~~

SIGNATURE: Robert W. Farr — (Degree or title) M.D. — ADDRESS: Chestertown, Ma — DATE SIGNED: 10/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 20, 1953 — NAME OF CEMETERY OR CREMATORY: Galena Cemetery — LOCATION (City, town, or county): Galena Kent Co. (State) Md.

DATE REC'D BY LOCAL REG.: Oct. 19, 1953 — REGISTRAR'S SIGNATURE: Elizabeth J. Mulford — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

RECEIVED
OCT 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10163

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) FARRELL

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 7, 1885

9. AGE Last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmowner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Farrell

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs Charles Farrell - Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Tuberculous Pneumonia — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bilateral Pulmonary tuberculosis — Interval Between Onset And Death: 4 years +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — undetermined

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Sept, 1953, to 9 Oct, 1953, that I last saw the deceased alive on 9 Oct, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Richard W. Covey (Degree or title) M.D. ADDRESS Clayton Delaware DATE SIGNED 13 Oct 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 15, 1953 — NAME OF CEMETERY OR CREMATORY Pondtown Cemetery — LOCATION (City, town, or county) Rural Chestertown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 13, 1953 — REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington Md.

RECEIVED
OCT 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND
LENGTH OF STAY (in this place) 10 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY PHILA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PHILADELPHIA
STREET ADDRESS (If rural, give location) 3950 MARKET ST.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) COCHRAN (Last) GRIFFITH SR.

4. DATE OF DEATH: (Month) OCT. (Day) 25 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED

8. DATE OF BIRTH: OCT. 28, 1891

9. AGE last birthday: 61 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE - U.S. POST OFFICE

10b. KIND OF BUSINESS OR INDUSTRY: POST OFFICE 3022 MARKET, PHILA.

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH STEEL GRIFFITH

14. MOTHER'S MAIDEN NAME: MARIA LOUISE COCHRAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: POSTAL RETIREMENT PLAN

17. INFORMANT AND ADDRESS: NAOMI GRIFFITH STILL POND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Thrombosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Asthma

(c) High Blood Pressure.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 24, 19 53 to Oct. 25, 19 53 that I last saw the deceased alive on Oct. 25, 19 53, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Atwell M.D. ADDRESS Still Pond Md DATE SIGNED 10/28/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) BURIAL | DATE THEREOF OCT. 28, 1953 | NAME OF CEMETERY OR CREMATORY FOREST CEMETERY | LOCATION (City, town, or county) MIDDLETOWN (State) DEL.

DATE REC'D BY LOCAL REG. 10/28/53 | REGISTRAR'S SIGNATURE Raymond Jones

24. FUNERAL DIRECTOR A. R. Fellows ADDRESS Still Pond, Md.

VS.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10165

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galts X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galts X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) (Last) MARTIN

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 4, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Ward

14. MOTHER'S MAIDEN NAME: Alice Morris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Carrie Martin, Galt, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Stroke — Interval Between Onset And Death: 4 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chr. Cardio Vascular Disease — 4 years.

DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 19 48, to Oct. 19, 19 53, that I last saw the deceased alive on Oct. 7, 19 53, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE V. H. Hamilton (Degree or title) M.D ADDRESS Millington, Md. DATE SIGNED Oct. 23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 24/1953 — NAME OF CEMETERY OR CREMATORY Bethel Cem. — LOCATION (City, town, or county) Galt (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct 23/1953 — REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington Md.

VS. A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10166

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LYNCH X — LENGTH OF STAY (In this place) During Illness
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton X Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) LLOYD (Last) PIPPIN

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 30, 1910

9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber shop

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Pippin

14. MOTHER'S MAIDEN NAME: Mary Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no ND — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-1134

17. INFORMANT AND ADDRESS: Wife Mrs. Ethel Pippin - Betterton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Comminuted fracture of neck + pectoble transection of spinal cord — Interval between onset and death: very short but unknown

810X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Same 789. rt. & left. comminuted fracture of pelvis unknown but short Fracture of both knees

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street

(CITY OR TOWN) Sykesville — (COUNTY) Kent — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 10 27 53 5:00 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Deceased struck a R.R. locomotive at a crossing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Robert Warr — (Degree or title) M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 10-27-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 30, 1953 — NAME OF CEMETERY OR CREMATORY: Still Pond Cem. — LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG. 10/30/53 — REGISTRAR'S SIGNATURE E Kenneth Jones

24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md. — ADDRESS [redacted]

RECEIVED
NOV 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10167

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 31 — LENGTH OF STAY (in this place) Adult life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington, Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 31

STREET ADDRESS (If rural give location) Washington Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) R. (Last) Woodall

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 4, 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Wye Mills, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas H. Legg

14. MOTHER'S MAIDEN NAME: Sarah F. Booker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. Skirwen Startt daughter Chestertown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Probable coronary thrombosis with probable cardiac arrest — Interval Between Onset And Death: Less than one minute.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary sclerosis — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial hypertension — unknown

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1953, to 10-25, 1953 that I last saw the deceased alive on 10-25, 1953 and that death occurred at 5 45 pm, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 10-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 28, 1953 — NAME OF CEMETERY OR CREMATORY Chester Cemetery — LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 27-1953 — REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells, Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 29 1953
BUREAU V. S.